PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Attorney Docket Number DECLARATION FOR UTILITY OR First Named Inventor DESIGN COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) Application Number Filing Date Declaration Declaration Submitted OR Submitted after Initial Art Unit With Initial Filing (surcharge Filing (37 CFR 1.16 (e)) **Examiner Name** required) I hereby declare that: Each inventor's residence, mailing address, and citizenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled: POP UP MECHANISM TO RAISE THE TOP OF A PIECE OF FURNITURE (Title of the Invention) the specification of which 4 is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International and was amended on (MM/DD/YYYY) Application Number (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date b fore that of the application on which priority is claimed. Certified Copy Attach d? **Prior Foreign Application** Foreign Filing Date **Priority** Country (MM/DD/YYYY) Number(s) Not Claimed Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. B x 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (06-03)

Approved for use through 07/31/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number:						OR	V	Corres	pondence address below	
Name								<u> </u>		
INVENTARIUM										
Address 4050, ROSEMONT BLVD, SUITE	1607							· · · · · · · · · · · · · · · · · · ·		
City			· · · · · · · · · · · · · · · · · · ·	State	;				ZIP	
MONTREAL				QUEE	EC				H1X1M4	
Country	Telephone	Fax								
CANADA	514-376-12	514-376-8		376-861	311					
I hereby declare that all stater and belief are believed to be statements and the like so ma false statements may jeopardiz	e true; and tur de are punishat	ther that thole of the control of th	nese stat or imprise	ement onmen	s wer t. or b	re made	e with	the kno	wledge that willful falso	
NAME OF SOLE OR FIRST IN	IVENTOR:		Пар	etition	has b	een file	d for th	is unsiar	ned inventor	
Given Name (first and middle [if any]) GUY				Family Nam			Name	ne		
				or Surname			ame CAF	CARPENTIER		
Inventor's	7		• • • • • • • • • • • • • • • • • • • •						Date	
Signature Try 1	les,								11-24-2003	
Residence: City	State			Country				Citizenship		
St-Anne de la Pérade	Quebec			Canada				Canadian		
Mailing Address 72, St-Anne										
City	State			ZIP					Country	
St-Anne de la Pérade	Quebec			60×210			0		Canada	
NAME OF SECOND INVENTOR: A petition has been filed for this unsigning the second inventor in the second in the second inventor in the second in the								or this unsigned inventor		
Given Name (first and middle [if any])						Family Name or Surname				
Inventor's Signature			· · · · · · · · · · · · · · · · · · ·						Date	
Residence: City	State			Country			Citizenship			
Mailing Address										
City	State			ZIP				Country		
Additional inventors or a legal rep	presentative are bein	g named on th	ne si	ppleme	ntal she	et(s) PTO	/SB/024	or 021 B a	ttached hereto.	
						,	,	J. UELIN 0	" UD O O O O O O O O O O O O O O O O O O	